

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Michael Watson
Full Address P O Box 964, Pascagoda, MS 39568
Telephone 228 762 2272 (Fax) 228 762 3223
E-mail mwatson@senate.ms.gov
Office Sought State Senate, Dist 51 Political Party R



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$20,955.17 + \$3,750.00 =	\$24,605.17	\$24,605.17
Total amount of disbursements	\$8,026.56 + \$1,009.76 =	\$9,036.32	\$9,036.32
Total amount of cash on hand		\$22,861.79	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Reporting Period 1/1/2010-12/31/2010

Itemized Receipts - Committee to Elect Michael Watson

Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MS Power			6/8/2009	\$500.00
Mailing Address	P.O. Box 4079				
City, State, Zip Code	Gulfport, MS 39502				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Bayer			7/15/2009	\$500.00
Mailing Address	100 Bayer Rd.				
City, State, Zip Code	Pittsburgh, PA 15205				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Chevron			10/5/2009	\$1,000.00
Mailing Address	6001 Bollinger Canyon Rd				
City, State, Zip Code	San Ramon, CA 94583				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$1,000.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Anheuser-Busch			7/31/2009	\$500.00
Mailing Address	One Busch Place				
City, State, Zip Code	Saint Louis, MO 63118				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Tower Loan			6/8/2009	\$500.00
Mailing Address	P.O. Box 320001				
City, State, Zip Code	Jackson, MS 39232				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00

Itemized Receipts - Committee to Elect Michael Watson

Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Comcast			12/11/2009	\$250.00
Mailing Address	1701 John F. Kennedy Blvd				
City, State, Zip Code	Philadelphia, PA 19103				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	LEN PAC			6/8/2009	\$500.00
Mailing Address	3 Lakeland CR, Ste 201				
City, State, Zip Code	Jackson, MS 39216				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	WAL*PAC			12/11/2009	\$500.00
Mailing Address	702 SW 8th St.				
City, State, Zip Code	Bentonville, AR 72716				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	EPAs of MS			12/11/2009	\$500.00
Mailing Address	P.O. Box 3300				
City, State, Zip Code	Ridgeland, MS 39158				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Atmos Energy Corp. PAC			12/11/2009	\$500.00
Mailing Address	5430 LBJ Freeway				
City, State, Zip Code	Dallas, TX 75240				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00

Itemized Receipts - Committee to Elect Michael Watson

Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Entertainment Software Assoc.			12/11/2009	\$500.00
Mailing Address	575 7th St., NW, Ste 300				
City, State, Zip Code	Washington, DC 20004				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Charles Busby			9/3/2009	\$500.00
Mailing Address	907 Grant Ave.				
City, State, Zip Code	Pascagoula, MS 39567				
Name of Employer (Required)	Orion Engineering				
Occupation (Required)	Engineer/Owner			Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Deanna Bickham			7/31/2009	\$250.00
Mailing Address	P.O. Box 5565				
City, State, Zip Code	Van Cleave, MS 39565				
Name of Employer (Required)					
Occupation (Required)	Self Employed			Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Advance America			7/15/2009	\$500.00
Mailing Address	135 N. Church St.				
City, State, Zip Code	Spartanburg, SC 29306				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Alwyn H. Luckey			7/15/2009	\$500.00
Mailing Address	P.O. Box 724				
City, State, Zip Code	Ocean Springs, MS 39566				
Name of Employer (Required)					
Occupation (Required)	Self Employed			Aggregate year-to-date	\$500.00

Itemized Receipts - Committee to Elect Michael Watson

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Bart Edmiston		7/15/2009	\$250.00
Mailing Address 1816 Shelby Lane			
City, State, Zip Code Ocean Springs, MS 39564			
Name of Employer (Required) Self Employed			
Occupation (Required) Doctor		Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Georgia Pacific		12/31/2009	\$500.00
Mailing Address P.O. Box 61270			
City, State, Zip Code Phoenix, AZ 85082			
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Anderson		6/8/2009	\$500.00
Mailing Address 600 Rue Dauphine			
City, State, Zip Code Ocean Springs, MS 39564			
Name of Employer (Required) Singing River Hospital System			
Occupation (Required) CEO		Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Anderson		6/8/2009	\$500.00
Mailing Address 600 Rue Dauphine			
City, State, Zip Code Ocean Springs, MS 39564			
Name of Employer (Required) Singing River Hospital System			
Occupation (Required) CEO		Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James B. Estabrook		6/8/2009	\$500.00
Mailing Address P.O. Box 1119			
City, State, Zip Code Pascagoula, MS 39567			
Name of Employer (Required) Self Employed			
Occupation (Required)		Aggregate year-to-date	\$500.00

Reporting Period 1/1/2010-12/31/2010

Itemized Receipts - Committee to Elect Michael Watson

Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	J.H. Colle Jr.			6/8/2009	\$250.00
Mailing Address	P.O. Box 340				
City, State, Zip Code	Pascagoula, MS 39567				
Name of Employer (Required)	Colle Towing				
Occupation (Required)	CEO			Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Keith Crosby			6/8/2009	\$500.00
Mailing Address	12405 Moreton Place				
City, State, Zip Code	Ocean Springs, MS 39564				
Name of Employer (Required)	Palace Casino				
Occupation (Required)	Management			Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Greg Cronin			6/8/2009	\$250.00
Mailing Address	105 Surgeres Place				
City, State, Zip Code	Ocean Springs, MS 39564				
Name of Employer (Required)	Charter Bank				
Occupation (Required)	CEO			Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Pam Lindsey			6/8/2009	\$250.00
Mailing Address	19027 Goff Farm Rd.				
City, State, Zip Code	Moss Point, MS 39562				
Name of Employer (Required)	Charter Bank				
Occupation (Required)	President			Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Lynn Truelove			6/8/2009	\$250.00
Mailing Address	3513 Montgomery Lane				
City, State, Zip Code	Pascagoula, MS 39567				
Name of Employer (Required)	Singing River Hospital System				
Occupation (Required)	Management			Aggregate year-to-date	\$250.00

Reporting Period 1/1/2010-12/31/2010

Itemized Receipts - Committee to Elect Michael Watson

Source:	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date	Amount of each receipt this period
	<input type="checkbox"/> PAC	<input type="checkbox"/> Other	Specify:	(Mo., Day, Year)	
Full Name	Barry Snyder			6/8/2009	\$250.00
Mailing Address	2214 Potomac Drive, No. 2				
City, State, Zip Code	Houston, TX 77057				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date	Amount of each receipt this period
	<input type="checkbox"/> PAC	<input type="checkbox"/> Other	Specify:	(Mo., Day, Year)	
Full Name	Glynn Mallette			6/8/2009	\$1,000.00
Mailing Address	3708 Hwy 90				
City, State, Zip Code	Gautier, MS 39553				
Name of Employer (Required)	Mallette Brothers Construction				
Occupation (Required)	Owner			Aggregate year-to-date	\$1,000.00
Source:	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date	Amount of each receipt this period
	<input type="checkbox"/> PAC	<input type="checkbox"/> Other	Specify:	(Mo., Day, Year)	
Full Name	Jim E. Williams			6/8/2009	\$250.00
Mailing Address	1506 Buena Vista St.				
City, State, Zip Code	Pascagoula, MS 39567				
Name of Employer (Required)	Lockard & Williams				
Occupation (Required)	Owner			Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date	Amount of each receipt this period
	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Other	Specify:	(Mo., Day, Year)	
Full Name	Mark Strickland			6/8/2009	\$250.00
Mailing Address	P.O. Box 5515				
City, State, Zip Code	Van Cleave, MS 39565				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date	Amount of each receipt this period
	<input type="checkbox"/> PAC	<input type="checkbox"/> Other	Specify:	(Mo., Day, Year)	
Full Name	Alfred Dantzler III			6/8/2009	\$5,000.00
Mailing Address	P.O. Box 969				
City, State, Zip Code	Pascagoula, MS 39568				
Name of Employer (Required)	Dantzler Management, LLC				
Occupation (Required)	Owner			Aggregate year-to-date	\$5,000.00

Reporting Period 1/1/2010-12/31/2010

Itemized Receipts - Committee to Elect Michael Watson

Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan		Date	Amount of each receipt this period
	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Other	Specify:		(Mo., Day, Year)	
Full Name	St Pe' And Associates				6/8/2009	\$500.00
Mailing Address	2901 Magnolia St.					
City, State, Zip Code	Pascagoula, MS 39568					
Name of Employer (Required)						
Occupation (Required)					Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan		Date	Amount of each receipt this period
	<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Other	Specify:		(Mo., Day, Year)	
Full Name	ENPAC MS				6/8/2009	\$500.00
Mailing Address	P.O. Box 1640					
City, State, Zip Code	Jackson, MS 39215					
Name of Employer (Required)						
Occupation (Required)					Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan		Date	Amount of each receipt this period
	<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Other	Specify:		(Mo., Day, Year)	
Full Name	Wyeth Good Gov't Fund				1/5/2009	\$300.00
Mailing Address	Five Giralda Farms					
City, State, Zip Code	Madison, NJ 07940					
Name of Employer (Required)						
Occupation (Required)					Aggregate year-to-date	\$300.00
Source:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan		Date	Amount of each receipt this period
	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Other	Specify: In-kind donation		(Mo., Day, Year)	
Full Name	Action Printing Center				6/15/2009	\$555.17
Mailing Address	3315 Market St.					
City, State, Zip Code	Pascagoula, MS 39567					
Name of Employer (Required)						
Occupation (Required)					Aggregate year-to-date	\$555.17

Name of Candidate or Committee

Michael Watson

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Reporting period

1/1/09

through

12/31/09

ITEMIZED DISBURSEMENTS

A. Full name DREAM Program		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 2040		12/15/09	\$ 1,000
City, State, Zip Code Gautier, MS 39553		___/___/___	\$
Purpose of Disbursement (Optional) Sponsorship		Aggregate Year-to-date	\$ 1,000
B. Full name Boys + Girls Club		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 8522		4/2/09	\$ 1,000
City, State, Zip Code Moss Point, MS 39562		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,000
C. Full name Junior Auxiliary of Pascagoula-Moss Point		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 209		7/15/09	\$ 1,000
City, State, Zip Code Pascagoula, MS 39568		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,000
D. Full name American Heart Assoc		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		3/5/09	\$ 1,000
City, State, Zip Code		5/19/09	\$ 500
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,500.00
E. Full name American Express		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ 726.56
City, State, Zip Code		10/20/09	\$ 300.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,026.56
F. Full name American Council of Young Political Leaders		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		4/5/09	\$ 1,000
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,000

ITEMIZED DISBURSEMENTS

A. Full name <u>East Central High School Senior Night</u>	Date (Mo., Day, Year) <u>4/5/09</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name <u>Pascagoula All-Stars</u>	Date (Mo., Day, Year) <u>7/15/09</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name <u>Friends of Billy Hewes</u>	Date (Mo., Day, Year) <u> </u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>
D. Full name	Date (Mo., Day, Year) <u> </u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year) <u> </u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u> </u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$